PLACE OF BIRTH	ARIZONA T	ERRITORIAL BOAI	RD OF HEALTH
District of	· .	Bureau of Vital Statis	TICS, Ter. Index No. 0 L
Town of Pinc	OF	RIGINAL CERTIFICATE OF B	IRTH, Co. Register No.
or City of			Local Registrar's No
FULL NAME OF CHILD  If child is not named, make Supplemental	(NO.	iocal registrar.	St; Ward)    Born   YES   Alive   NO
	and Number in order of birth	Lusmain Yes Birth	uly - 3- 19//
Full FATHER NAME PAYON Rugs	ne milles	Fuli Mother Mother Msiden Residence	ena Passey
Color Pine a	regour	Pine 1	ariz.
or Race White	Birthday. (Years)	or Race White	Age at last Birthday (Years)
Birthplace Pine	Dris.	Birthplace Birthplace	anis
Occupation Cattle	Man	Occupation Haus!	nuife
Number of child of this mother ./. Num	ber of children, of this mother,	now living / Were Precautions taken	against Ophthalmia neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attende	d the birth of above child;	,	ly 3 19 11, at 4 17 11
When there is no attending phy: midwife, then the householder shou tide reture.	ld make } (Sig	mature) Mary L	dwife, householder. •)
Given or christian name added	l from a	Address	
Town 22	Filed	191 Jan 1912	LOCAL REGISTRAR,
1 900 9 - 703	A second	7	COUNTY REGISTRAR.

Write, A dinly, with Unfading Ink.—This is a Permanent Recult. The seed of more than one child at a hirth, a SEPARATE RETURN must be made for each, and the number of each, in order of hirth, shade. This certificate must be died by the attending Physician or Midwife with the Local Registrar within 5 days after

MIG CO.